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Membership Application

Name: _____

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Membership (check one)

- | | | |
|--------------------------|---|--------------|
| <input type="checkbox"/> | Large Company (50+ employees) | \$500 |
| <input type="checkbox"/> | Small Company (49 or less employees) | \$250 |
| <input type="checkbox"/> | Affiliate/Education | \$400 |
| <input type="checkbox"/> | Individual | \$100 |
| <input type="checkbox"/> | Student | n/c |

Please make checks payable to: New Hampshire Bio/Medical Council

**Mail to: New Hampshire Bio Medical Council
PO Box 279
Greenland, NH 03840**